

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # 10/523517
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$	
		8 TO BE REFUNDED BY:		
		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9	--	
No Fee Due (Explanation):				

10 REASON:

Treasury Check

Overpayment

Credit Deposit A/C #:

Duplicate Payment

9

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No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Adjustment Date: 07/08/2005 SHAJARU 00000047 PKIDWELL
 02 FC:1632 500.00 CR 10523517

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B